



City of Long Beach

Seasonal or Part-time Employment Application

Name _____
Last First Middle

Address _____
Number and Street

_____ Town Zip Code

E-Mail: _____ Home Tel. # _____ Cell # _____

Emergency Contact: _____
Name Relationship Contact #

Position applying for: _____

If applying for position of "Bus Driver", "Automotive Mechanic" or for a position which requires a Commercial Drivers License ("CDL"), you must complete and sign the "Request for Information from Previous Employer" and "Authorization by Prospective Employee" forms.

Have you previously worked for the City of Long Beach? ____ Yes ____ No

If yes, please list position and department: _____

Available to work from: _____ to _____
Month/Day Month/Day

Date of Birth: _____ Social Security #: _____

Except for adjudications as a youthful offender, wayward minor or juvenile delinquent, have you ever been convicted of a misdemeanor or felony? Yes ____ No ____

A conviction is not an automatic bar to employment. Each case is considered on its individual merits. A false statement may result in the disqualification of your application in accordance with section 50 of Civil Service Law. You are advised, therefore, to list all such convictions for misdemeanors or felonies.

Except for lack of work or funds, were you ever dismissed or discharged from any employment?

Yes ____ No ____

If you answered "yes" to either question above, you must give specifics below. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying.

Check the highest grade level completed:

9 ____ 10 ____ 11 ____ 12 ____ College completed 1 ____ 2 ____ 3 ____ 4 ____

Did you graduate? Yes ____ No ____ Degree: _____ Date: _____

Name of School: _____

Do you have a driver's license? Yes ____ No ____ If Yes, list type: _____

Employment History

Name of Employer: _____ Position: _____

Describe Duties: _____

Address: _____ Phone Number/Contact: _____

Date Employed: _____ to _____ Reason for leaving: _____

Name of Employer: _____ Position: _____

Describe Duties: _____

Address: _____ Phone Number/Contact: _____

Date Employed: _____ to _____ Reason for leaving: _____

Name of Employer: _____ Position: _____

Describe Duties: _____

Address: _____ Phone Number/Contact: _____

Date Employed: _____ to _____ Reason for leaving: _____

According to §45 of the NYS Retirement and Social Security Law, you have the option of becoming a member of the New York State Employees' Retirement System. By becoming a member, 3% of your salary will be deducted by-weekly.

I acknowledge that I have been advised that Membership in the New York State Employees' Retirement System is available to me as a municipal employee. Further I understand that if I am interested in joining the retirement system, I must file an application with the Civil Service office and pay the applicable certified mailing fee.

I acknowledge that I am requesting permission to work as a seasonal or part-time employee, and therefore will be restricted in the duration of my employment or number of hours I may be permitted to work. I acknowledge that I received and completed the attached Employer Health Benefits Waiver of Coverage.

I acknowledge that I have received and read the City of Long Beach Employee Policy Manual, containing the City's Equal Employment Opportunity Policy, Family & Medical Leave Act ("FMLA") Policy, Drug-Free Workplace Policy, and Workplace Violence Prevention Act ("WVPA") Policy & Program.

The facts set forth on this application are true and complete. I understand that any false statement is cause for immediate dismissal.

Applicant's Signature

Date

The City of Long Beach is an equal opportunity employer.

Return completed application, and all required paperwork, to:

Civil Service (Room 504)
1 West Chester Street
Long Beach, NY 11561

Phone: 516-431-1000 x7214 Fax: 516-897-5669

www.longbeachny.gov